

MHN

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

RECEIVED

9-3-2008 *law*

SEP 03 2008

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MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT

Rodelle Harris

(Enter above the full name  
of the plaintiff or plaintiffs in  
this action)

08CV5011

JUDGE MAROVICH

MAG. JUDGE ASHMAN

vs.

Case No. \_\_\_\_\_  
(To be supplied by the Clerk of this Court) - - -

TOM DART  
COOK County  
Sheriff &  
Cermak Health  
Care unit DIV.  
Physicians

(Enter above the full name of ALL  
defendants in this action. Do not  
use "et al.")

CHECK ONE ONLY:

☒

COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983  
U.S. Code (state, county, or municipal defendants)

☐

COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE  
28 SECTION 1331 U.S. Code (federal defendants)

☐

OTHER (cite statute, if known)

BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR  
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.

**I. Plaintiff(s):**

- A. Name: Rodelle Harris
- B. List all aliases: \_\_\_\_\_
- C. Prisoner identification number: 20080028685
- D. Place of present confinement: Cook County Jail
- E. Address: P.O. Box 089002 Chicago, IL 60608

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

**II. Defendant(s):**

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: TOM DART  
 Title: Cook County Sheriff  
 Place of Employment: Cook County D.O.C.
- B. Defendant: Cermak Health care unit  
 Title: Cook County Health care Physicians  
 Place of Employment: Cook County D.O.C.
- C. Defendant: Cermak Health care unit Administratives  
 Title: Cermak Administratives  
 Place of Employment: Cermak Health care unit

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: Rodelle Harris verses  
Tom Dart Sheriff & Cook County Health care unit
- B. Approximate date of filing lawsuit: \_\_\_\_\_
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: Rodelle  
Harris
- D. List all defendants: Tom Dart Cook County Sheriff  
Cermak Health care unit Division  
Physicians, Administratives of the  
Cermak Health care unit
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): United States District Court Northern  
District Eastern Division Federal Court
- F. Name of judge to whom case was assigned: \_\_\_\_\_
- G. Basic claim made: Detainee alleges lack of medical  
services
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): I just began filing my case  
under the civil Rights Act, Title 42 section  
1983 U.S. Code (State, County, or municipal defendants)
- I. Approximate date of disposition: \_\_\_\_\_

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

## IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

To whom it may concern my name is Rodelle Harris my I.D.# is 20080028685 and I would like to address my problem I've have been suffering with lower back and leg problems for over 10 years and I've been taking medication for this same problem for the same amount of time and believe that I have been denied adequate medical assistance by the Cook County Health care unit and the Cook County Department of corrections I still complain about my problems but have not been serviced correctly as of this day I walk with a cane but was not given one by the Cook County Cermak Health care unit I also have attempted my approach threw the Cook County Department of corrections delaware Grievance

Process for medical assistance to this problem and I believe that I have been denied plus I also had a cane to support my balance when I walk but the city of Chicago Police department took my cane from me at the time of this arrest dated April 24, 2008 3rd district police station 7101 and south Chicago Avenue.

## V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I would like to be compensated  
for my pain and suffering

VI. The plaintiff demands that the case be tried by a jury.

☒ YES

☐ NO

## CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Rodelle Harris

Rodelle Harris

(Signature of plaintiff or plaintiffs)

Rodelle Harris

(Print name)

20080028685

(I.D. Number)

Rodelle Harris

2604 East 77th Street

Chicago, Illinois 60649

(Address)

COOK COUNTY DEPARTMENT OF CORRECTIONS  
DETAINEE GRIEVANCE

Complainant Name \_\_\_\_\_ In Custody Name \_\_\_\_\_  
ID # \_\_\_\_\_ ID # \_\_\_\_\_ Inmate # \_\_\_\_\_ Date \_\_\_\_\_

BRIEF SUMMARY OF THE COMPLAINT

NAME OF STAFF OR DETAINEE WHO HAS INFORMATION REGARDING THE COMPLAINT

ACTION THAT YOU ARE REQUESTING

DETAINEE SIGNATURE

CORRECTIONAL OFFICER

DATE CORRECTED

Please note that the Department of Corrections is not responsible for the actions of its staff or inmates. All complaints must be filed in writing and be supported by appropriate evidence.

WHITE COPY - FOR STAFF - MAIL TO: COOK COUNTY DEPT. OF CORRECTIONS, 1000 S. MICHIGAN ST., CHICAGO, IL 60607



Part-A / Control #:

2008 X 1022

Referred To:

Cermak

# COOK COUNTY DEPARTMENT OF CORRECTIONS

## DETAINEE GRIEVANCE

 Detainee Last Name: HARRIS First Name: Rodell

 ID #: 2008-008155 Div.: 1A Living Unit: 211 Date: 5/17/08

## BRIEF SUMMARY OF THE COMPLAINT

I went to the doctor to see about my back and my leg about a week ago and the doctor told me that she would call me back in two days because I told her that I hurt with it. I called my lawyer back but so back and off she did not give me any more information and I told her that I am not back at my lawyer back.

 NAME OF STAFF OR DETAINEE(S) HAVING INFORMATION REGARDING THIS COMPLAINT: MS. DUNLAP

## ACTION THAT YOU ARE REQUESTING:

I need to be look at and stay for my back because I can't really move.

 DETAINEE SIGNATURE: Rodell Harris

C.R.W.'S SIGNATURE:

Lk Yuhani

DATE C.R.W. RECEIVED:

6/4/08

Please note: Decisions of the "Detainee Disciplinary Hearing Board" cannot be grieved or appealed through the use of a grievance form.

All appeals must be made in writing and directly submitted to the Superintendent.



Part - B / Control #: 2008 X 1022**C.C.D.O.C. DETAINEE GRIEVANCE / REFERRAL & RESPONSE**

\*EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF A DETAINEE\*

Detainee's Last Name: Harri First Name: Rodelle ID#: 2008-0028685Is This Grievance An Emergency? YES ☐ NO ☒C.R.W.'S Summary Of The Complaint: Detainee alleges lack of medical servicesC.R.W. Referred Griev. To: Cermak Date Referred: 6/5/08Response Statement: Referred to Div Physician

C. Smith Smith Date: 6/5/08 Div./Dept. CHS  
 (print - name of individual responding to this griev.) (signature of individual responding to this griev.)

W. Earl Tucker Date: 6/10/08 Div./Dept. 10  
 (print - name of Supt. / Designee / Dept. Admin.) (signature of Supt. / Designee / Dept. Admin.)

J. Miller Date: 6/6/08  
 (print - name of Prog. Serv. Admin. / Asst. Admin.) (signature of Prog. Serv. Admin. / Asst. Admin.)

Date Detainee Received Response: 6/10/08 Detainee Signature: Rodelle Harri

**REQUEST FOR AN APPEAL**

\*APPEALS MUST BE MADE WITHIN 14 DAYS OF THE DATE THE DETAINEE RECEIVED THE RESPONSE\*

Date Detainee Request For An Appeal: 6/10/08

Detainee's Basis For An Appeal: because they had not gave me no X Ray on my lower Back

Appeal Board's Acceptance Of Detainee's Request: YES ☐ NO ☒

Appeal Board's Reasoning / Decision / Recommendation To The Superintendent Or Administrator:

Per Cermak Admin., documentation indicates that detainee was on meds for approx. 10 yrs.

Detainee is scheduled for Sick-Call.

Appeal Board's Signatures / Dates: J. Long 06/23/08 W. Earl Tucker 6/23/08

Date Detainee Rec.'d the Appl. Bd.'s Response: 6/24/08 Detainee Signature: Rodelle Harri

GRIEVANCE CODE(S): ( ) ( ) ( ) ( ) **DETAINEE**(WHITE COPY - PROG. SERV.) (YELLOW COPY - C.R.W.) (PINK COPY - DETAINEE) (GOLDENROD COPY - DIVISION SUPT. OFFICE) **COPY**